MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020730
STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 142

FILED JUN 12 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0595		
2	0595		
3			
4	1		
5	7		
6			
7	0		
8	9		
9	332X		
10			
11			
12	70-0		
13	1-0		

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe
Length of stay in 1b: 50 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 119 Wilson
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Livingston
c. CITY OR TOWN Chillicothe
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 328 Brunswick
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First LEINA Middle Last SAUNDERS

4. DATE OF DEATH: Month Day Year: June 3, 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 9-15-1869

9. AGE (last birthday): 93

IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HR — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Carroll Co., Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: James A. Smith

13b. MOTHER'S MAIDEN NAME: Nancy G. Smith

14. NAME OF HUSBAND OR WIFE: Tom Saunders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servi

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Mrs. Burt Johnson; Chicago, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Thrombosis	72 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Generalized arteriosclerosis	unknown
DUE TO (c)	Hypertensive vascular disease	Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY - Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1959 to June 3, 1963 and last saw her alive on May 29, 1963
Death occurred at twelve fifteen a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William L. Farr, M.D.

22b. ADDRESS Chillicothe, Mo.

22c. DATE SIGNED 6/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6-5-63

23c. NAME OF CEMETERY OR CREMATORY: Blue Mound

23d. LOCATION (City, town, or county) (State): Livingston Co., Mo.

24. FUNERAL DIRECTOR ADDRESS: Norman Funeral Home, Chillicothe, Missouri

25. DATE RECD. BY LOCAL REG.: June 6, 1963

26. REGISTRAR'S SIGNATURE: Amalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ______________________________, Student Embalmer No. __________

working under my personal supervision.

Student ______________________________
Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit not obtained
date handed to Dr. 6-5-63
- Date rec'd from Dr. 6-6-63
Date duly signed 6-6-63